

REPORT - HIPAA 271 to ACES MMIS

<i>SegID</i>	<i>HIPAA Name</i>	<i>Req</i>	<i>System</i>	<i>File</i>	<i>Field</i>	<i>Comment</i>
Eligibility, Coverage or Benefit Information						
ST	Transaction Set Header	R				
ST 01	Transaction Set Identifier Code	R	ACES			Hard code "271"
ST 01	Transaction Set Identifier Code	R	MMIS			Hard code "271"
ST 02	Transaction Set Control Number	R	ACES			Sequence number for each ST-SE in a batch.
ST 02	Transaction Set Control Number	R	MMIS			sequence # start 1 by 1 for each ST-SE
BHT	Beginning of Hierarchical Transaction	R				
BHT01	Hierarchical Structure Code	R	ACES			Hard code "0022"
BHT01	Hierarchical Structure Code	R	MMIS			Hard code "0022"
BHT02	Transaction Set Purpose Code	R	ACES			Hard code "11"-response
BHT02	Transaction Set Purpose Code	R	MMIS			Hard code "11"-response
BHT03	Submitter Transaction Identifier	S	ACES			Get from 270 BHT03
BHT03	Submitter Transaction Identifier	S	MMIS			Get from 270 BHT03
BHT04	Transaction Set Creation Date	R	ACES			Generate current date
BHT04	Transaction Set Creation Date	R	MMIS			Generate current date
BHT05	Transaction Set Creation Time	R	ACES			Generate current time.
BHT05	Transaction Set Creation Time	R	MMIS			Generate current time
HL	Information Source Level	R				
HL	Information Source Level	R				

<i>SegID</i>	<i>HIPAA Name</i>	<i>Req</i>	<i>System</i>	<i>File</i>	<i>Field</i>	<i>Comment</i>
HL 01	Hierarchical ID Number	R	ACES			Sequence number for each HL segment in ST-SE.
HL 01	Hierarchical ID Number	R	MMIS			sequence number: start 1 by 1 for each HL segment in ST-SE
HL 03	Hierarchical Level Code	R	ACES			Hard code "20"-info source
HL 03	Hierarchical Level Code	R	MMIS			Hard code "20"-info source
HL 04	Hierarchical Child Code	R	ACES			Hard code "1"
HL 04	Hierarchical Child Code	R	MMIS			Hard code "1"
AAA	Request Validation	S	MMIS			Information Source must return complex error response codes.
NM1	Information Source Name	R				
NM1	Information Source Name	R				
NM101	Entity Identifier Code	R	ACES			Hard code "PR"-payer
NM101	Entity Identifier Code	R	MMIS			Hard code "PR"-Payer
NM103	Information Source Last or Organization Name	S	MMIS			Hard code "Washington State DSHS Medical Assistance Administration"
NM108	Identification Code Qualifier	R	MMIS			Hard code "XV"-Nat'l PlanID or "FI"-TaxID
NM109	Information Source Primary Identifier	R	MMIS			Hard code MAA's PlanID or Tax ID
REF	Information Source Additional Identification	S				
PER	Information Source Contact Information	S				
PER01	Contact Function Code	R	MMIS			Hard code "IC"
PER02	Information Source Contact Name	S	MMIS			Hard code "Provider Relations"
PER04	Information Source Communication Number	S	MMIS			Hard code "(800)652-6188"

<i>SegID</i>	<i>HIPAA Name</i>	<i>Req</i>	<i>System</i>	<i>File</i>	<i>Field</i>	<i>Comment</i>
AAA	Request Validation	S				
HL	Information Receiver Level	S				
HL	Information Receiver Level	S				
HL 03	Hierarchical Level Code	R	ACES			Hard code "21"-info receiver
HL 03	Hierarchical Level Code	R	MMIS			Hard code "21"-info receiver
HL 04	Hierarchical Child Code	R	ACES			Hard code "1"
HL 04	Hierarchical Child Code	R	MMIS			Hard code "1"
NM1	Information Receiver Name	R	ACES			Return whatever was in the same loop of the 270
NM1	Information Receiver Name	R	MMIS			Return whatever was in the corresponding fields of the 270.
NM1	Information Receiver Name	R				
NM109	Information Receiver Identification Number	R	MMIS			Return whatever was in the corresponding fields of the 270.
REF	Information Receiver Additional Identification	S				
REF02	Information Receiver Additional Identifier	R	MMIS			Return whatever was in the corresponding fields of the 270.
AAA	Information Receiver Request Validation	S				
HL	Subscriber Level	S	ACES			Subscriber is usually the patient, so there's no Dependent loop (2000D)
HL	Subscriber Level	S	MMIS			Subscriber is usually the Patient, so there's no Dependent Loop (2000D).
HL	Subscriber Level	S				
HL 03	Hierarchical Level Code	R	ACES			Hard code "22"-subscriber

<i>SegID</i>	<i>HIPAA Name</i>	<i>Req</i>	<i>System</i>	<i>File</i>	<i>Field</i>	<i>Comment</i>
HL 03	Hierarchical Level Code	R	MMIS			Hard code "22"-subscriber
TRN	Subscriber Trace Number	S				
TRN01	Trace Type Code	R	ACES			Hard code "2"-referenced transaction trace number
TRN01	Trace Type Code	R	MMIS			Hard code "2"-referenced transaction trace number
TRN02	Trace Number	R	ACES			Send back what was in 270 Loop 2000C TRN03
TRN02	Trace Number	R	MMIS			Get from 270 Loop 2000C TRN03
TRN03	Trace Assigning Entity Identifier	R	ACES			Hard code "2"-info receiver
TRN03	Trace Assigning Entity Identifier	R	MMIS			Hard code "2"-info receiver
TRN04	Trace Assigning Entity Additional Identifier	S	ACES			Get from 270 Loop 2000C TRN03
TRN04	Trace Assigning Entity Additional Identifier	S	MMIS			Get from 270 Loop 2000C TRN03
NM1	Subscriber Name	R				
NM1	Subscriber Name	R				
NM101	Entity Identifier Code	R	ACES			Hard code "IL"-subscriber or insured
NM101	Entity Identifier Code	R	MMIS			Hard code "IL"-subscriber or insured
NM103	Subscriber Last Name	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-CL-LAST-NAME	
NM103	Subscriber Last Name	S	MMIS	Recip-Elig-File	RECIP-LAST-NAME	Must support length of up to 35 bytes
NM104	Subscriber First Name	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-CL-FIRST-NAME	
NM104	Subscriber First Name	S	MMIS	Recip-Elig-File	RECIP-FIRST-NAME	Must support length of up to 25 bytes
NM105	Subscriber Middle Name	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-CL-MIDDLE-INIT	

<i>SegID</i>	<i>HIPAA Name</i>	<i>Req</i>	<i>System</i>	<i>File</i>	<i>Field</i>	<i>Comment</i>
NM105	Subscriber Middle Name	S	MMIS	Recip-Elig-File	RECIP-MIDDLE-INIT	Must support length of up to 25 bytes
NM108	Identification Code Qualifier	S	ACES			Hard code "MI"-Member ID (Medicaid ID/PIC)
NM108	Identification Code Qualifier	S	MMIS			Send "MI"-Member ID (Medicaid ID/PIC)
NM109	Subscriber Primary Identifier	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-PIC-CD-ID	
NM109	Subscriber Primary Identifier	S	MMIS	Recip-Elig-File	RECIP-IDENT-NUMBER	
REF	Subscriber Additional Identification	S	ACES			If 270 had a "EJ" REF with provider's patient account number, it must be stored & returned here.
REF	Subscriber Additional Identification	S	MMIS			Multiple REF segments for different IDs. IF 270 had "EJ" REF with patient acct num, it must be returned here.
REF01	Reference Identification Qualifier	R	ACES			Send "F6" with HIC number; send "SY" with SSN; send "Q4" with duplicate client ID; send "3H" with AU number; send "1W" with ACES client ID
REF01	Reference Identification Qualifier	R	MMIS			Send "3H" with recip-case-number (optional); send "SY" with SSN (opt); send "1W" with Member/Client ID; send "F6" with recip-ss-claim-num (HIC); if patient account number was received on 270, it must be returned ("EJ"); send "G1" with PA#; send "NQ" with
REF02	Subscriber Supplemental Identifier	R	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-ACES-CL-ID-NUM	
REF02	Subscriber Supplemental Identifier	R	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-AU-NUM	
REF02	Subscriber Supplemental Identifier	R	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-CL-HIC-NUMBER	

<i>SegID</i>	<i>HIPAA Name</i>	<i>Req</i>	<i>System</i>	<i>File</i>	<i>Field</i>	<i>Comment</i>
REF02	Subscriber Supplemental Identifier	R	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-CL-SSN-NUM	
REF02	Subscriber Supplemental Identifier	R	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-DUPE-CL-ID-NUM	
REF02	Subscriber Supplemental Identifier	R	MMIS	Prior-Authorization	PRIOR-AUTH-NUM	Only return SSN if it's sent in the 270
REF02	Subscriber Supplemental Identifier	R	MMIS	Recip-Elig-File	RECIP-AU-NUMBER	Only return SSN if it's sent in the 270
REF02	Subscriber Supplemental Identifier	R	MMIS	Recip-Elig-File	RECIP-CASE-NUMBER	Only return SSN if it's sent in the 270
REF02	Subscriber Supplemental Identifier	R	MMIS	Recip-Elig-File	RECIP-CLIENT-ID	Only return SSN if it's sent in the 270
REF02	Subscriber Supplemental Identifier	R	MMIS	Recip-Elig-File	RECIP-IDENT-NUMBER	Only return SSN if it's sent in the 270
REF02	Subscriber Supplemental Identifier	R	MMIS	Recip-Elig-File	RECIP-SS-CLAIM-NUM	Only return SSN if it's sent in the 270
REF02	Subscriber Supplemental Identifier	R	MMIS	Recip-Elig-File	RECIP-SS-NUMBER	Only return SSN if it's sent in the 270
N 3	Subscriber Address	S	MMIS			We do not send client's address for privacy reasons.
N 301	Subscriber Address Line	R	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-AU-ADDR-LINE-1	
N 302	Subscriber Address Line	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-AU-ADDR-LINE-2	
N 4	Subscriber City/State/ZIP Code	S	MMIS			We do not send client's address for privacy reasons.
N 401	Subscriber City Name	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-AU-CTY-ADDR	
N 401	Subscriber City Name	S	MMIS			Parse into city, state, zip.
N 402	Subscriber State Code	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-AU-ST-CD	
N 402	Subscriber State Code	S	MMIS			Parse into city, state, zip.

<i>SegID</i>	<i>HIPAA Name</i>	<i>Req</i>	<i>System</i>	<i>File</i>	<i>Field</i>	<i>Comment</i>
N 403	Subscriber Postal Zone or ZIP Code	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-AU-ZIP-ADDR	
N 405	Location Qualifier	S	MMIS			hard code "CY"-county
N 406	Location Identification Code	S	MMIS	Recip-Elig-File	RECIP-COUNTY-CODE	
PER	Subscriber Contact Information	S	MMIS			We do not send client's phone for privacy reasons.
PER01	Contact Function Code	R	ACES			Hard code "IC"
PER05	Communication Number Qualifier	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-AU-RES-TEL-AREA-NUM	
PER05	Communication Number Qualifier	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-AU-RES-TEL-NUM	
AAA	Subscriber Request Validation	S				
DMG	Subscriber Demographic Information	S	MMIS			HIPAA says race is not used in 271
DMG02	Subscriber Birth Date	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-CL-DOB	
DMG02	Subscriber Birth Date	S	MMIS	Recip-Elig-File	RECIP-DATE-OF-BIRTH	In the format CCYYMMDD
DMG03	Subscriber Gender Code	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-CL-SEX-CD	
DMG03	Subscriber Gender Code	S	MMIS	Recip-Elig-File	RECIP-SEX-CODE	Map internal "1" to "M" and "2" to "F"
INS	Subscriber Relationship	S				
DTP	Subscriber Date	S	ACES			Don't put elig dates here; put them in EB loop.
DTP	Subscriber Date	S	MMIS			Don't put elig dates here; put them in EB loop.
DTP01	Date Time Qualifier	R	ACES			send "442" with date of death
DTP03	Date Time Period	R	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-CL-DOD	
EB	Subscriber Eligibility or Benefit Information	S	ACES			Send one EB loop per Client program/plan with EB01="IL"-insured.

<i>SegID</i>	<i>HIPAA Name</i>	<i>Req</i>	<i>System</i>	<i>File</i>	<i>Field</i>	<i>Comment</i>
EB	Subscriber Eligibility or Benefit Information	S	MMIS			MMIS needs to support more than one program/plan per recipient: send one EB loop per Client program/plan with EB01="IL"-insured. Plus two EB loops if sending TPL/COB info (for other payer & subscriber with EB01="R"-other payer, see "TPL EB Loop:" comment
EB	Subscriber Eligibility or Benefit Information	S	MMIS			Use a combination of values for EB segment data elements to send eligibility data, depending on type of elig; see each field.
EB 01	Eligibility or Benefit Information	R	ACES			For recipient Medicaid benefits, send "IL"-subscriber or insured. For TPL, TPL EB Loop, send "R"-other payer.
EB 01	Eligibility or Benefit Information	R	MMIS			For recipient Medicaid benefits, send "1"-active coverage. For TPL send "R"-other payer. For restricted provider, send "N" with NM101="13".
EB 02	Benefit Coverage Level Code	S	MMIS			hard code "IND"-individual
EB 03	Service Type Code	S	ACES			MAA must decide which service type codes to support, besides "30"-generic request.
EB 03	Service Type Code	S	MMIS	Recip-Elig-File	PROGRAM-CODE	MAA must decide which service type codes to support, besides "30"-generic request. Send "A1"-substance abuse, if program-code = "W". If excep-indic="D", EB03="45"-hospice; if program-cd="W", EB03="AI"-substance abuse.

<i>SegID</i>	<i>HIPAA Name</i>	<i>Req</i>	<i>System</i>	<i>File</i>	<i>Field</i>	<i>Comment</i>
EB 03	Service Type Code	S	MMIS	Recip-Elig-File	RECIP-EXCEP-INDIC	MAA must decide which service type codes to support, besides "30"-generic request. Send "A1"-substance abuse, if program-code = "W". If excep-indic="D", EB03="45"-hospice; if program-cd="W", EB03="AI"-substance abuse.
EB 04	Insurance Type Code	S	MMIS	Recip-Elig-File	RECIP-EXCEP-INDIC	Send "MC"-Medicaid, AND if HMO, also send another EB loop with EB04="HM" and HMO data in loop 2120C. For TPL, map codes. If excep-indic=E, send EB04="DB" & EB05="DDD".
EB 05	Plan Coverage Description	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-CL-MATCH-CD	
EB 05	Plan Coverage Description	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-CL-PGM-CD	
EB 05	Plan Coverage Description	S	MMIS	Recip-Elig-File	MATCH-CODE	Map MMIS fields to list of all legends on the ID card.
EB 05	Plan Coverage Description	S	MMIS	Recip-Elig-File	MEDICAL-CODE	Map MMIS fields to list of all legends on the ID card.
EB 05	Plan Coverage Description	S	MMIS	Recip-Elig-File	PCOP-TYPE	Map MMIS fields to list of all legends on the ID card.
EB 05	Plan Coverage Description	S	MMIS	Recip-Elig-File	PROGRAM-CODE	Map MMIS fields to list of all legends on the ID card.
EB 05	Plan Coverage Description	S	MMIS	Recip-Elig-File	RECIP-EXCEP-INDIC	Map MMIS fields to list of all legends on the ID card.
EB 06	Time Period Qualifier	S	MMIS			Send "Y" here with spend down amt in EB07; send "32" with lifetime units; send "29" with computed pa-amount-approved minus pa-amount-used; send "B" with co-pay amount.
EB 07	Benefit Amount	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-AU-MCAID-DED-AMT	In EB01 send "D" with ded-amt

<i>SegID</i>	<i>HIPAA Name</i>	<i>Req</i>	<i>System</i>	<i>File</i>	<i>Field</i>	<i>Comment</i>
EB 07	Benefit Amount	S	MMIS	Prior-Authorization	PA-AMOUNT-APPROVED	Get these PA amounts by searching for a PA or not?
EB 07	Benefit Amount	S	MMIS	Prior-Authorization	PA-AMOUNT-USED	Get these PA amounts by searching for a PA or not?
EB 09	Quantity Qualifier	S	MMIS			Send "S7" with max age (proc or diag, depending on request by proc or diag); send "S8" with min age. If supported, send "QA" with pa-units-approved; send "99" with units used?
EB 10	Benefit Quantity	S	MMIS	Diagnosis-Master	MAXIMUM-AGE	
EB 10	Benefit Quantity	S	MMIS	Diagnosis-Master	MINIMUM-AGE	
EB 10	Benefit Quantity	S	MMIS	Procedure-Master	MAXIMUM-AGE	
EB 10	Benefit Quantity	S	MMIS	Procedure-Master	MINIMUM-AGE	
EB 11	Authorization or Certification Indicator	S	MMIS	Diagnosis-Master	PRIOR-AUTH-IND	
EB 11	Authorization or Certification Indicator	S	MMIS	Procedure-Master	PRIOR-AUTH-IND	
EB 13	Product or Service ID Qualifier	R	MMIS			If using procedure level benefits, send "HC" with proc code; send "ND" with drug code
EB 13	Procedure Code	R	MMIS	Proc-Diag-Drug	DRUG-CODE	
EB 13	Procedure Code	R	MMIS	Proc-Diag-Drug	PROC-CODE	
EB 13	Procedure Modifier	S	MMIS	Procedure-Master	CODE-MODIFIER	
HSD	Health Care Services Delivery	S				
REF	Subscriber Additional Identification	S	MMIS			In TPL EB loops, send "IG" with pol-cert-num for both subscr & payer.

<i>SegID</i>	<i>HIPAA Name</i>	<i>Req</i>	<i>System</i>	<i>File</i>	<i>Field</i>	<i>Comment</i>
REF01	Reference Identification Qualifier	R	MMIS			For TPL EB loop, send "1W"-Member ID with membership-number, & send "6P"-group number with group-number & policyholder-name (employer or group name)
REF02	Subscriber Eligibility or Benefit Identifier	R	MMIS	Recip-Elig-File	GROUP-NUMBER	
REF02	Subscriber Eligibility or Benefit Identifier	R	MMIS	Recip-Elig-File	MEMBERSHIP-NUMBER	
REF02	Subscriber Eligibility or Benefit Identifier	R	MMIS	Recip-Elig-File	POL-CERT-NUM	
REF03	Plan Sponsor Name	S	MMIS	Recip-Elig-File	POLICYHOLDER-NAME	
DTP	Subscriber Eligibility/Benefit Date	S				
DTP01	Date Time Qualifier	R	ACES			In client EB loop, send "307"-elig as a date range.
DTP01	Date Time Qualifier	R	MMIS			In client EB loop, send "307"-elig with recip-elig-begin/end-date as a date range. (If HMO, send "307" with pcop-begin/end-date in EB04="HM" loop) For TPL EB loops, send "307" with cov-begin/end-date as a date range.
DTP03	Eligibility or Benefit Date Time Period	R	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-CL-ELIG-BEG-DT	
DTP03	Eligibility or Benefit Date Time Period	R	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-CL-ELIG-END-DT	
DTP03	Eligibility or Benefit Date Time Period	R	MMIS	Recip-Elig-File	COV-BEGIN-DATE	If HMO, send pcop-begin/end-date in HMO EB loop (EB04="HM")
DTP03	Eligibility or Benefit Date Time Period	R	MMIS	Recip-Elig-File	COV-END-DATE	If HMO, send pcop-begin/end-date in HMO EB loop (EB04="HM")
DTP03	Eligibility or Benefit Date Time Period	R	MMIS	Recip-Elig-File	PCOP-BEGIN-DATE	If HMO, send pcop-begin/end-date in HMO EB loop (EB04="HM")
DTP03	Eligibility or Benefit Date Time Period	R	MMIS	Recip-Elig-File	PCOP-END-DATE	If HMO, send pcop-begin/end-date in HMO EB loop (EB04="HM")

<i>SegID</i>	<i>HIPAA Name</i>	<i>Req</i>	<i>System</i>	<i>File</i>	<i>Field</i>	<i>Comment</i>
DTP03	Eligibility or Benefit Date Time Period	R	MMIS	Recip-Elig-File	RECIP-ELIG-BEG-DATE	If HMO, send pcpop-begin/end-date in HMO EB loop (EB04="HM")
DTP03	Eligibility or Benefit Date Time Period	R	MMIS	Recip-Elig-File	RECIP-ELIG-END-DATE	If HMO, send pcpop-begin/end-date in HMO EB loop (EB04="HM")
AAA	Subscriber Request Validation	S				
MSG	Message Text	S				
MSG01	Free Form Message Text	R	MMIS			Hardcode "This is the client's eligibility as of this date, based on information available at this time."
III	Subscriber Eligibility or Benefit Additional Information	S				
III	Subscriber Eligibility or Benefit Additional Information	S	MMIS			If supporting a request based on diagnosis, return what was in 270 with EB01= covered or non-covered. If sending info that a benefit is limited to a certain diagnosis or facility type, EB01="F"-limitation, and the diagnosis or fac type goes here.
III01	Code List Qualifier Code	R	MMIS			"BF"-diagnosis or "BK"-principal diagnosis or "ZZ"-type of facility; must send diagnoses when it conflicts with procedure (see proc flags).
III02	Industry Code	R	MMIS	Diagnosis-Master	DIAG-CODE-ICD-9	
III02	Industry Code	R	MMIS	Procedure-Master	BLIND-ONLY-IND	
III02	Industry Code	R	MMIS	Procedure-Master	EPSDT-ONLY-IND	
III02	Industry Code	R	MMIS	Procedure-Master	ITA-ONLY-IND	
III02	Industry Code	R	MMIS	Procedure-Master	PROC-ABORT-IND	
III02	Industry Code	R	MMIS	Procedure-Master	PROC-FAM-PLAN-IND	
III02	Industry Code	R	MMIS	Procedure-Master	PROC-NH-IND	

<i>SegID</i>	<i>HIPAA Name</i>	<i>Req</i>	<i>System</i>	<i>File</i>	<i>Field</i>	<i>Comment</i>
III02	Industry Code	R	MMIS	Procedure-Master	PROC-STERIL-IND	
LS	Loop Header	S				
NM1	Subscriber Benefit Related Entity Name	S	MMIS			TPL EB Loop: since this 2120C loop occurs only once per 2110C loop, we need two 2110C loops just for TPL: one for subscriber name & IDs, one for TPL payer name & IDs. We'll connect them by sending policy number ("IG" REF) in both.
NM1	Subscriber Benefit Related Entity Name	S	MMIS			If need to send HOH, put it here with NM101="LR".
NM101	Entity Identifier Code	R	ACES			In client EB loops, send "13" with prov-name & prov-number, send "GP" with cso-of-residence, send "LR" with HOH, send "X3"-UMO with CSO.
NM101	Entity Identifier Code	R	MMIS			In client EB loops, send "13" with prov-name & restrict-prov-num (or if HMO, pcp-billing-prov instead); send "GP" with cso-of-residence; send "PR"-payer with HMO(PCOP) data. In TPL EB loop (EB01="R"), send "IL" with name-of-insured (subscriber), and "PR
NM103	Benefit Related Entity Last or Organization Name	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-AU-HOH-NAME	
NM103	Benefit Related Entity Last or Organization Name	S	MMIS	Prov-File	PROV-NAME	For HMO, get name from prov file via pcp-biling-prov. Support up to 35 bytes.
NM103	Benefit Related Entity Last or Organization Name	S	MMIS	Recip-Elig-File	CARRIER-NAME	For HMO, get name from prov file via pcp-biling-prov. Support up to 35 bytes.

<i>SegID</i>	<i>HIPAA Name</i>	<i>Req</i>	<i>System</i>	<i>File</i>	<i>Field</i>	<i>Comment</i>
NM103	Benefit Related Entity Last or Organization Name	S	MMIS	Recip-Elig-File	NAME-OF-INSURED	For HMO, get name from prov file via pcp-biling-prov. Support up to 35 bytes.
NM103	Benefit Related Entity Last or Organization Name	S	MMIS	Recip-Elig-File	POLICYHOLDER-NAME	For HMO, get name from prov file via pcp-biling-prov. Support up to 35 bytes.
NM108	Identification Code Qualifier	S	MMIS			In client EB loop: send "FA" with cso-of-residence; send "MI" with client ID. In TPL EB loop: for subscriber (NM101="IL"), send "34"-SSN with ssn-of-insured; for payer (NM101="PR"), send "PR"-payer ID with carrier-id.
NM109	Benefit Related Entity Identifier	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-AU-CSO-CD	
NM109	Benefit Related Entity Identifier	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-AU-RESIDE-CSO-CD	
NM109	Benefit Related Entity Identifier	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-HOH-CL-ID-NUM	
NM109	Benefit Related Entity Identifier	S	MMIS	Recip-Elig-File	CARRIER-ID	
NM109	Benefit Related Entity Identifier	S	MMIS	Recip-Elig-File	CSO-OF-RESIDENCE	
NM109	Benefit Related Entity Identifier	S	MMIS	Recip-Elig-File	PCOP-BILLING-PROV	
NM109	Benefit Related Entity Identifier	S	MMIS	Recip-Elig-File	RESTRICT-PROV-NUM	
NM109	Benefit Related Entity Identifier	S	MMIS	Recip-Elig-File	SSN-OF-INSURED	
N 3	Subscriber Benefit Related Entity Address	S	MMIS			Add subscriber and/or TPL address to MMIS?
N 4	Subscriber Benefit Related City/State/ZIP Code	S				
N 401	Benefit Related Entity City Name	S	MMIS			Support up to 30 bytes
PER	Subscriber Benefit Related Entity Contact Information	S	MMIS			Add subscriber and/or TPL phone to MMIS?

<i>SegID</i>	<i>HIPAA Name</i>	<i>Req</i>	<i>System</i>	<i>File</i>	<i>Field</i>	<i>Comment</i>
PER02	Benefit Related Entity Contact Name	S	MMIS	Prov-File	PROV-NAME	In client's NM101="GP"-HMO loop, send client's case mgr (PCCM) name, link PCOP-BILLING-PROV when PCOP-TYPE="P" to prov file
PER04	Benefit Related Entity Communication Number	S	MMIS	Prov-File	PROV-TELE-NUM	
PRV	Subscriber Benefit Related Provider Information	S				
PRV03	Provider Identifier	R	MMIS	Recip-Elig-File	PCOP-BILLING-PROV	In client's NM101="GP"-HMO loop, send client's case mgr (PCCM) number
LE	Loop Trailer	S				
HL	Dependent Level	S				
HL	Dependent Level	S				
TRN	Dependent Trace Number	S				
NM1	Dependent Name	R				
NM1	Dependent Name	R				
REF	Dependent Additional Identification	S				
N 3	Dependent Address	S				
N 4	Dependent City/State/ZIP Code	S				
PER	Dependent Contact Information	S				
AAA	Dependent Request Validation	S				
DMG	Dependent Demographic Information	S				
INS	Dependent Relationship	S				
DTP	Dependent Date	S				
EB	Dependent Eligibility or Benefit Information	S				

<i>SegID</i>	<i>HIPAA Name</i>	<i>Req</i>	<i>System</i>	<i>File</i>	<i>Field</i>	<i>Comment</i>
EB	Dependent Eligibility or Benefit Information	S				
HSD	Health Care Services Delivery	S				
REF	Dependent Additional Identification	S				
DTP	Dependent Eligibility/Benefit Date	S				
AAA	Dependent Request Validation	S				
MSG	Message Text	S				
<i>III</i>	<i>Dependent Eligibility or Benefit Additional Information</i>	<i>S</i>				
III	Dependent Eligibility or Benefit Additional Information	S				
LS	Dependent Eligibility or Benefit Information	S				
<i>NM1</i>	<i>Dependent Benefit Related Entity Name</i>	<i>S</i>				
NM1	Dependent Benefit Related Entity Name	S				
N 3	Dependent Benefit Related Entity Address	S				
N 4	Dependent Benefit Related Entity City/State/ZIP Code	S				
PER	Dependent Benefit Related Entity Contact Information	S				
PRV	Dependent Benefit Related Provider Information	S				
LE	Loop Trailer	S				
SE	Transaction Set Trailer	R				